

2005

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90185 040 ***150.00

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| DOCUMENT # P04000049431 |
| 1. Entity Name Bundles of Love, Inc. |

DO NOT WRITE IN THIS SPACE

50044981

DO NOT WRITE IN THIS SPACE

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|--|--|--|--|------------------------------------|---|
| 2. Principal Place of Business 8770 S.W. 72nd St. Suite, Apt. #, etc. Suite 306 City & State Miami, FL Zip 33173 Country USA | | 3. Mailing Address 8770 S.W. 72nd St. Suite, Apt. #, etc. Suite 306 City & State Miami, FL Zip 33173 Country USA | | 4. FEI Number 20-0881310 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Barrios, Gregory B.
Street Address (P.O. Box Number is Not Acceptable)
8770 S.W. 72nd St.
Suite 306
City
Miami FL Zip Code
33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|----------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/P Guzman, Yvonne 8770 S.W. 72nd St., Suite 306 Miami, FL 33173 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/T/S Barrios, Gregory B. 8770 S.W. 72nd St., Suite 306 Miami, FL 33173 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yvonne Guzman Yvonne Guzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #